



Sliding Fee Scale

Waypoint Wellness Center offers our patients with limited incomes a sliding fee scale. The total amount you will owe for services is dependent on your TOTAL household income. So if your household income is higher, your sliding fee scale might be higher. If your household income is lower, your sliding fee scale might be lower.

Waypoint patients who have household incomes at or below 200% of the Federal Poverty Level are qualified for the sliding fee scale. A chart of the **Federal Poverty Levels** for this year is below.

2024 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in family/ household	Poverty guidelines	Waypoint guidelines
1	\$15,060	\$30,120.00
2	\$20,440	\$40,880.00
3	\$25,820	\$51,640.00
4	\$31,200	\$62,400.00
5	\$36,580	\$73,160.00
6	\$41,960	\$83,920.00
7	\$47,340	\$94,680.00
8	\$52,720	\$105,440.00

For families/households with more than 8 people, add \$5380 for each additional person.

HOUSEHOLD INCOME

Household income is the total amount earned yearly (also called: annually) by those in your household. Household income includes child support, alimony, Social Security payments, unemployment compensation, and general earnings. Household income counts every person of any age who lives in your household.

Household members include:

- YOU (the Waypoint patient)
- Your legal spouse, if you have one
- Any legal dependents – children, foster kids, adults you legally care for.

For patients under 18, the household members include:

- Waypoint patient
- Their legal guardian(s)
- Any legal dependents of their legal guardian(s)

For an example, let us use a pretend patient named Jane, Jane's household includes:

Count	Household Member	Employment Status	Annual Salary
1	Jane (Patient)	Employed	\$20,000
2	Jane's spouse	Employed	\$22,000
3	Jane's 80 year old dependent	Unemployed, Social security Benefits	\$15,000
4	Jane's 16 year old child	Part time employment	\$3,000

Jane's total household income is \$60,000 a year for a household of 4 people. the Poverty Level for a household of 4 is \$31,200. Jane's household income of \$60,000 is below \$62,400 or 200% of the Federal Poverty Level. Jane qualifies for the sliding fee scale.

PROOF OF INCOME

Any household member who earns an income must provide proof of income. This includes teenagers who may have part-time jobs. Proof of income includes your MOST RECENT paystubs, tax forms, Social Security award letters, or benefit letters from Department of Social Services. They must be from the most recent month or year you received the income. For example, if you get paid 2 times each month, bring your last 2 paystubs. If you filed taxes last year, bring that tax return - not the tax return from any years prior.

Household members who don't earn an income will need to provide a signed affidavit stating the following.

I, _____, hereby certify under the penalties of perjury and fraud the following: (1) I have not received any income (1) in the current month prior to this date; (2) I do not have any additional proof of income; and (3) the information that I have provided in this affidavit is true and accurate.

Signature

Date

Without proof of income or affidavit, they cannot be counted toward the household size. Your household can affect your eligibility for the sliding fee scale.

HOW DO YOU APPLY?

Please fax, email or mail our application and all proof of income documents to:

Sarah Viands
sviands@waypointwellnesscenter.com
410-684-3973
Waypoint Wellness Center
Attn: Sarah Viands
166 Defense Highway, Suite 203
Annapolis, MD 21401

WHAT IS YOUR SLIDING FEE?

Each Waypoint service has a different sliding fee scale. The Sliding Fee is a percentage of our self pay rates, which are listed on our website. Each patient's Sliding Fee scale is different, too. We will figure out your sliding fee scale based on your income and household size. After you submit all the paperwork, you will know what you will be paying for each service. Your Sliding Fee scale will stay the same throughout the year. You will have to reapply yearly for the Sliding Fee scale.

Sliding Fee for Therapy/Counseling

Percentage of Federal Poverty Level	Percentage of Self Pay Rate
176-200%	30%
151-175	25%
126-150	22.5%
101-125	20%
76-100	17.5%
51-75	15%
25-50	12.5%
<25%	10%

Sliding Fee for Testing/Psychological Evaluations

Percentage of Federal Poverty Level	Percentage of Self Pay Rate
176-200%	50%
151-175	47.5%
126-150	45%
101-125	40%
76-100	37.5%
51-75	35%
25-50	32.5%
<25%	30%

To continue with the example of Waypoint patient, Jane, Jane's household income is 192% of the Poverty Guidelines. Jane would pay \$70.50 per 45-minute appointment with Dr. Kett, licensed clinical psychologist, and \$56.80 for 30-minute medication management with Danielle Mitch, psychiatric nurse practitioner.



166 Defense Highway, Annapolis, MD 21401
410 (684-3806) - Fax (410) 684-3973

Sliding Fee Scale Application

Name of Patient: _____ Date of Birth of Patient: _____

Name of Financially Responsible Individual (if applicable): _____

Phone Number: _____ Email: _____

List all household members, their employment status (part time, unemployed/collects social security, employed, etc.) and yearly salary. Household income includes child support, alimony, Social Security payments, unemployment compensation, and general earnings. This also includes teenagers who may have part-time jobs.

Household Member	Employment Status or Source of Income	Yearly Salary
Patient		

Any household member who earns an income must provide proof of income. Proof of income includes your MOST RECENT paystubs, tax forms, Social Security award letters, child support, or benefit letters from Department of Social Services. They must be from the most recent month or year you received the income. For example, if you get paid 2 times each month, include your last 2 paystubs. If you filed taxes last year, include that tax return - not the tax return from any years prior.

Unemployment Affidavit

I, _____, hereby certify under the penalties of perjury and fraud the following: (1) I have not received any income in the current month prior to this date; (2) I do not have any additional proof of income; and (3) the information that I have provided in this affidavit is true and accurate.

Full name

Signature

Date

Please copy and complete as many affidavits that are needed.